



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF INTERGOVERNMENTAL SERVICES
VICTIM JUSTICE AND ASSISTANCE PROGRAM
FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FVPSA)
QUARTERLY PERFORMANCE REPORT

REPORT PERIOD: Select One

SUBGRANT ORGANIZATION																	
SUBGRANT NUMBER						AUTHORIZED OFFICIAL											
TYPE OF ORGANIZATION		Select One				SPECIFY OTHER											
SECTION A – PEOPLE SERVED (UNDUPLICATED – DO NOT INCLUDE VICTIMS PREVIOUSLY REPORTED) <i>Indicate the number of all victims served by gender, ethnicity and age. Do not include clients served only in Batterers Intervention Services; count them in Section E.</i>																	
1. PRIMARY VICTIMS																	
A. RESIDENTIAL								B. NON-RESIDENTIAL									
Women		Men		Children		Youth IPV Victim		Women		Men		Children		Youth IPV Victim			
i. RACE		Black or African American		Hispanic or Latino		Indian or Native American		Black or African American		Hispanic or Latino		Indian or Native American					
		Asian American		Pacific Islander		Caucasian		Unknown or Other		Asian American		Pacific Islander		Caucasian		Unknown or Other	
ii. GENDER		Female		Male		Not Specified		Female		Male		Not Specified					
iii. AGE		0 – 12	13 – 17	18 - 24	25 – 59	60+	Unknown	0 – 12	13 – 17	18 - 24	25 – 59	60+	Unknown				
2. SECONDARY VICTIMS																	
A. RESIDENTIAL								B. NON-RESIDENTIAL									
Women		Men		Children		Youth IPV Victim		Women		Men		Children		Youth IPV Victim			
i. RACE		Black or African American		Hispanic or Latino		Indian or Native American		Black or African American		Hispanic or Latino		Indian or Native American					
		Asian American		Pacific Islander		Caucasian		Unknown or Other		Asian American		Pacific Islander		Caucasian		Unknown or Other	
ii. GENDER		Female		Male		Not Specified		Female		Male		Not Specified					
iii. AGE		0 – 12	13 – 17	18 - 24	25 – 59	60+	Unknown	0 – 12	13 – 17	18 - 24	25 – 59	60+	Unknown				



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SECTION B – RESIDENTIAL SERVICE <i>Indicate the number of shelter nights for each person that arrives and is provided a shelter bed. Count the number of people housed times the number of nights.</i>				
1. SHELTER NIGHTS				
2.. UNMET REQUESTS FOR SHELTER				
3. REASON FOR UNMET REQUESTS <i>(Indicate number of unmet requests in each category)</i>	a. Program reached capacity	b. Did not meet eligibility requirements	c. Services not appropriate	d. Transportation Problems
	e. Substance Abuse Problems	f. Mental Health Problems	g. Accompanied by male adolescent	h. Inadequate language capacity
	i. Lack of services for disabled victim	j. Hours of operation	k. Geographic isolation of victim	l. Program rules not acceptable to victim
	m. Other (specify)			
SECTION C – RELATED SERVICES AND ASSISTANCE FOR ADULT <i>Indicate the number of service contacts and/or hours provided regardless of length. Report total hours in whole numbers.</i>				
1. CRISIS/HOTLINE CALLS (Total Calls)				
2. SUPPORTIVE COUNSELING & ADVOCACY		Number of Service Contacts	Number of Hours	
a. Individual				
b. Group				
SECTION D – RELATED SERVICES AND ASSISTANCE FOR CHILDREN <i>Indicate the number of service contacts and/or hours provided regardless of length. Report total hours in whole numbers</i>				
1. SUPPORTIVE COUNSELING & ADVOCACY		Number of Service Contacts	Number of Hours	
a. Individual				
b. Group				
2. ACTIVITIES FOR CHILDREN				
a. Individual Activities				
b. Group Activities				



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SECTION E – BATTERER INTERVENTION SERVICES

Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

1. INTERVENTION/COUNSELING SERVICES	Number of Clients	Number of Service Contacts	Number of Hours
a. Individual Counseling			
b. Group Counseling			

SECTION F – COMMUNITY EDUCATION AND PUBLIC AWARENESS

Indicate the total number of training and community education presentations. Indicate the total number of individuals attending.

1. COMMUNITY EDUCATION	Number of Presentations/Activities	Number of Participants
a. Adults/General Population		
b. Youth Targeted		
2. COMMUNITY AWARENESS ACTIVITIES		

SECTION G – SERVICE OUTCOME DATA

For each program from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety)

1. SURVEY TYPE	Number of Surveys Completed	Number of YES Responses to Resource Outcome	Number of YES Responses to Safety Outcome
a. Shelter Survey			
b. Support Services & Advocacy Survey			
c. Counseling Survey			
d. Support Group Survey			
e. TOTAL			

☐ I certify that I am the authorized or acting authorized official of the subgrant organization named above. The contents of this report are a true and accurate representation of the services provided during the reporting period. Furthermore, I accept that this certification shall be treated as a material representation of fact upon which reliance will be placed by the State of Arkansas, Department of Finance and Administration.

Authorized Official Signature

Date